

REMARKS

Applicants respectfully request reconsideration of the present application in view of the foregoing amendments and in view of the reasons that follow. A detailed listing of all claims that are, or were, in the application, irrespective of whether the claims remain under examination in the application, is presented, with an appropriate defined status identifier.

Claims 71, 72, 77, 78, 83 and 84 are currently being amended. No claims have been added or cancelled. Accordingly, claims 71-88 remain pending in the present application.

Interview

Applicants discussed the application with the Examiner and the Examiner's supervisor in a telephone interview on December 9, 2009. Amendments to claims 71 and 83 to clarify the Applicant's invention were discussed. The discussed amendments were in accordance with the amendments presented herein. The interview has been summarized by the Examiner in an Interview Summary mailed December 16, 2009.

Claim Rejections – 35 USC §103

In Section 4 of the Office Action, the Examiner rejected claims 71-88 under 35 USC §103(a) as being unpatentable over U.S. Patent No. 6,988,075 to Hacker (hereinafter "Hacker") in view of U.S. Patent Publication No. 2002/0065682 to Goldenberg (hereinafter "Goldenberg"). Independent claims 71, 77, and 83 have been

amended to clarify the differences between the present application and these references as described in detail below.

Claims 71 and 77, as amended, recite two health record databases: an electronic medical record database created and maintained by a healthcare provider and a personal health record database holding data entered by a patient. A single web portal is configured to control access to both databases for the patient. In a first mode, only the personal health record database is accessible. In the second mode, both databases are accessible, although access to the electronic medical record database is read only for the user.

An electronic medical record is an official medical record that is created and maintained by a healthcare provider. The electronic medical record includes clinical data created and maintained by the healthcare providers including patient medical records, test results, patient charts, nurses' notes, x-ray films, etc. Because of the need for protection of patient privacy, particularly for information accessible over the Internet where the user is unseen, it is insufficient to provide access through simple, non-authenticated user registration over the web. Accordingly, the present system and method require an authentication of the identification of the user through a determination that the user is a patient of the healthcare provider. Further, to clarify that the electronic medical record database is the official medical record database and not a user created repository, claims 71 and 77 recite that, even in the registered mode, the user is only provided with read-only access to the medical record.

Although access to medical records is desirable, patients that are not currently patients of the healthcare provider may desire to establish a medical record with the provider without being fully identified. Not being fully identified means that the user may still provide a user id and password, but this information is not authenticated through an access of the healthcare provider's records. A patient seeking unauthenticated access may have a temporarily lapse in insurance coverage, may be switching from another healthcare provider, etc. but still desire to maintain some records with a healthcare provider that can later be integrated into the official medical record.

Accordingly, the present system and method, in amended claims 71 and 77, further recite a personal health record database that is configured to receive patient sourced medical data. The personal health record database includes a portion created by the patient, allowing the patient to provide patient sourced medical data such as a daily log, physiology measurements, questions for his or her physician, etc. This portion may be accessed in either an anonymous mode or a registered mode.

Neither Hacker nor Goldenberg teaches or suggests two databases including an electronic medical record created by a healthcare provider and a personal health record including patient-sourced medical data. Further, neither teaches such a system and method where access to the electronic medical record portion is read only but still requires that the user be registered and authenticated. Additionally, neither teaches such a system and method where access to both databases is through a single web portal.

Hacker, in the section cited by the Examiner, teaches that a patient can access his

or her medical data via a standard Web browser and that access can be controlled, but does not teach or suggest that the medical data includes a patient sourced medical data portion. (Hacker, col. 8, lines 46-55) There is no description to suggestion that this access is read-only access of a medical record created by a healthcare provider. Goldenberg does not cure this deficiency.

Applicants respectfully disagree with the Examiner's assertion that Goldenberg teaches an anonymous mode in which the patient is provided with access to the patient-sourced medical data. Goldenberg, as cited by the Examiner, only teaches levels of access required to access clinical articles and is not related to accessing medical records. Goldenberg does not appear to have any teaching of stored patient sourced medical data as opposed to clinical medical data, let alone providing such in the anonymous mode. Submitting symptoms does not teach or suggest controlled access to patient sourced data. Goldenberg, in the sections cited by the Examiner, teaches a health information system allowing a user to submit queries and receive information based on their level of authorization. Accordingly, Hacker and Goldenberg, even combined, fail to teach or suggest all of the limitations of claim 71 and 77.

Claims 72-76 depend from claim 71 and include all of the limitations thereof. Claim 78-82 depend from claim 77 and include all the limitations thereof. Accordingly, these claims are allowable for at least the same reasons as the independent claims from which they depend. Entry of the amendments and reconsideration and allowance of claims 71-82 is respectfully requested.

Claims 83-88

Claim 83 has also been amended to recite limitations similar to claims 71 and 77 and should be allowable for at least the same reasons.

Additionally, claim 83 recites a computer-implemented “web portal accepting patient-sourced medical data from the patient in an anonymous mode in which the patient is provided with access to the patient-sourced medical data but not provided with permission to make appointments and request services of the healthcare providers when the patient is not fully identified.” Neither Hacker nor Goldenberg describes a web portal accepting patient sourced medical data but denying access to appointment scheduling and service requests.

Claim 83 further recites that the web portal includes “an option to convert to a registered mode wherein the patient-sourced data in a personal health record database is incorporated into a clinical medical record created and maintained by a healthcare provider when the patient has registered and thus is fully identified.” Although the Examiner argues that Hacker describes incorporating patient sourced data into a medical record, this incorporation is of patient sourced data into a personal health record. Further, this entry is just entry of data by the user, not incorporation from a personal health record database into a clinical medical record database controlled by the healthcare provider. Neither Hacker nor Goldenberg teaches or suggests this limitation.

Claims 84-88 depend from claim 83 and include all of the limitations thereof. These claims are believed to be allowable for at least the same reasons as claim 83. Entry


of the amendments and reconsideration of new claims 83-88 is respectfully requested.

Conclusion

Applicants believe that the present application is in a condition for allowance. Applicants appreciate consideration of the above remarks and invites that the Examiner to telephone the undersigned in the event a telephone discussion would be helpful in advancing the prosecution of the present application. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1170.

Respectfully submitted,

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